

NTSB Form 6120.1/2 (11/87) This Form replaces NTSB Forms 6120.1 (rev. 10/77) and 6120.2 (Rev. 10/77)

Owner / Operator Information (cont.)												
Operator (Certificate Number)				Operator Designator (4 Letter Designator)								
Purpose Of Flight And Type Of Operation												
Regulation Flight Conductor Under 1. <input type="checkbox"/> FAR91 (only) 4. <input type="checkbox"/> FAR 121 7. <input type="checkbox"/> FAR 133 2. <input type="checkbox"/> FAR91D 5. <input type="checkbox"/> FAR 125 8. <input type="checkbox"/> FAR 135 3. <input type="checkbox"/> FAR 103 6. <input type="checkbox"/> FAR 129 9. <input type="checkbox"/> FAR 137						Operator Authority FAR121 1. <input type="checkbox"/> Domestic 2. <input type="checkbox"/> Flag 3. <input type="checkbox"/> Supplemental FAR 135 4. <input type="checkbox"/> On Demand 5. <input type="checkbox"/> Commuter			FAR 133 6. <input type="checkbox"/> Rotorcraft External Load FAR125 7. <input type="checkbox"/> Large Aircraft FAR 129 8. <input type="checkbox"/> Foreign		FAR 121, 125, 127, 129, 135 Revenue Operations 1. <input type="checkbox"/> Scheduled 2. <input type="checkbox"/> Non Scheduled 3. <input type="checkbox"/> Domestic 4. <input type="checkbox"/> International 5. <input type="checkbox"/> Passenger 6. <input type="checkbox"/> Cargo 7. Specify _____	
Purpose of Flight 1. <input type="checkbox"/> Personal 6. <input type="checkbox"/> Aerial Observation 2. <input type="checkbox"/> Business 7. <input type="checkbox"/> Other Work Use 3. <input type="checkbox"/> Educational 8. <input type="checkbox"/> Public Use 4. <input type="checkbox"/> Executive/Corporate 9. <input type="checkbox"/> Ferry 5. <input type="checkbox"/> Aerial Application 10. <input type="checkbox"/> Positioning												
Pilot Information												
Pilot Name			Pilot Certificate No.		Address _____			Nationality				
Certificate (s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____												
Rating (s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Helicopter 2. <input type="checkbox"/> Single Engine Land 7. <input type="checkbox"/> Glider 3. <input type="checkbox"/> Single Engine Sea 8. <input type="checkbox"/> Free Balloon 4. <input type="checkbox"/> Multiengine Land 9. <input type="checkbox"/> Airship 5. <input type="checkbox"/> Multiengine Sea 10. <input type="checkbox"/> Gyroplane				Instrument Rating (s) 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Airplane 3. <input type="checkbox"/> Helicopter		Instructor Rating (s) 1. <input type="checkbox"/> None 6. <input type="checkbox"/> Instrument Airplane 2. <input type="checkbox"/> Airplane S.E. 7. <input type="checkbox"/> Instrument Helicopter 3. <input type="checkbox"/> Airplane M.E. 8. <input type="checkbox"/> Ground Instructor 4. <input type="checkbox"/> Helicopter 9. <input type="checkbox"/> Specify _____ 5. <input type="checkbox"/> Glider						
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)		BFR Aircraft 1. Make _____ 2. Model _____						
Medical Certificate 1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3			Date Of Last Medical (M/D/Y)		Limitations Waivers _____			Date Of Birth (M/D/Y)				
Degree Of Injury 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Serious 4. <input type="checkbox"/> Fatal		Seat Occupied 1. <input type="checkbox"/> Left 4. <input type="checkbox"/> Front 2. <input type="checkbox"/> Right 5. <input type="checkbox"/> Rear 3. <input type="checkbox"/> Center		Person At Controls At Time Of Accident 1. <input type="checkbox"/> Pilot In Control 4. <input type="checkbox"/> Non-Pilot 2. <input type="checkbox"/> Second Pilot 5. <input type="checkbox"/> No One 3. <input type="checkbox"/> Both Pilots				Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No				
Seat Belt Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Source Of Pilot Flight Time Information 1. <input type="checkbox"/> Pilot Logbook 4. <input type="checkbox"/> Company 2. <input type="checkbox"/> Operators Estimate 5. <input type="checkbox"/> Specify _____ 3. <input type="checkbox"/> FAA Records						
Flight Time		All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument		Rotorcraft	Glider	Lighter Than Air	
							Actual	Simulated				
Total Time												
Pilot In Command (PIC)												
Instructor												
This Make & Model												
Last 90 Days												
Last 30 Days												
Last 24 Hours												
Second Pilot Information												
Second Pilot Responsibilities At The Time Of Accident 1. <input type="checkbox"/> Co-Pilot 2. <input type="checkbox"/> Dual Student 3. <input type="checkbox"/> Safety Pilot 4. <input type="checkbox"/> Check Pilot 5. <input type="checkbox"/> None (Pilot-Rated Passenger)												
Pilot Name			Pilot Certificate No.		Address _____			Nationality				
Certificate (s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Military 9. <input type="checkbox"/> None 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. <input type="checkbox"/> Foreign 10. Specify _____												

Second Pilot Information (cont.)											
Rating (s)				Instrument Rating (s)				Instructor Rating (s)			
1. <input type="checkbox"/> None		6. <input type="checkbox"/> Helicopter		1. <input type="checkbox"/> None		1. <input type="checkbox"/> None		6. <input type="checkbox"/> Instrument Airplane			
2. <input type="checkbox"/> Single Engine Land		7. <input type="checkbox"/> Glider		2. <input type="checkbox"/> Airplane		2. <input type="checkbox"/> Airplane S.E.		7. <input type="checkbox"/> Instrument Helicopter			
3. <input type="checkbox"/> Single Engine Sea		8. <input type="checkbox"/> Free Balloon		3. <input type="checkbox"/> Helicopter		3. <input type="checkbox"/> Airplane M.E.		8. <input type="checkbox"/> Ground Instructor			
4. <input type="checkbox"/> Multiengine Land		9. <input type="checkbox"/> Airship				4. <input type="checkbox"/> Helicopter		9. <input type="checkbox"/> Specify _____			
5. <input type="checkbox"/> Multiengine Sea		10. <input type="checkbox"/> Gyroplane				5. <input type="checkbox"/> Glider					
Type Ratings/Student Endorsements				Date Of Biennial Flight Review or Equivalent (M/D/Y)				BFR Aircraft 1. Make _____ 2. Model _____			
Medical Certificate 1. <input type="checkbox"/> None 3. <input type="checkbox"/> Class 2 2. <input type="checkbox"/> Class 1 4. <input type="checkbox"/> Class 3		Date Of Last Medical (M/D/Y)		Limitations Waivers				Date Of Birth (M/D/Y)			
Degree Of Injury 1. <input type="checkbox"/> None 3. <input type="checkbox"/> Serious 2. <input type="checkbox"/> Minor 4. <input type="checkbox"/> Fatal		Seat Occupied 1. <input type="checkbox"/> Left 3. <input type="checkbox"/> Center 5. <input type="checkbox"/> Rear 2. <input type="checkbox"/> Right 4. <input type="checkbox"/> Front						Seat Belt Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No			
Seat Belt Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Available 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		Shoulder Harness Used 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		1. <input type="checkbox"/> Pilot Logbook 2. <input type="checkbox"/> Operators Estimate 3. <input type="checkbox"/> FAA Records		4. <input type="checkbox"/> Company 5. <input type="checkbox"/> Specify _____			
Flight Time	All A/C	This Make & Model	Airplane Single Engine	Airplane Multiengine	Night	Instrument Actual Simulated		Rotorcraft	Glider	Lighter Than Air	
Total Time											
Pilot In Command (PIC)											
Instructor											
This Make & Model											
Last 90 Days											
Last 30 Days											
Last 24 Hours											
Other Personnel											
Name	Seat	Address (City & State)			Crew	Non-Revenue	Revenue	Non-Occupant	FAA	Fatal	Serious Minor None
1.											
2.											
3.											
4.											
5.											
6.											
Flight Itinerary Information											
Last Departure Point		Time Of Departure		Destination			Flight Plan Filed				
1. Airport ID _____		1. Time _____		1. Airport ID _____			1. <input type="checkbox"/> None		4. <input type="checkbox"/> VFR/IFR		
2. City/Place _____		2. Time Zone _____		2. City/Place _____			2. <input type="checkbox"/> VFR		5. <input type="checkbox"/> Company (VFR)		
3. State _____				3. State _____			3. <input type="checkbox"/> IFR		6. <input type="checkbox"/> Military (VFR)		
If Weather Was Involved, State If Weather Briefing Was Obtained or If Weather Reports Were Checked And How It Was Accomplished											
Fuel On Board At Last Takeoff _____ Gallons or _____ Pounds				Fuel Type 1. <input type="checkbox"/> 80/87 4. <input type="checkbox"/> 115/145 7. Specify _____ 2. <input type="checkbox"/> 100 Low Lead 5. <input type="checkbox"/> Jet A 3. <input type="checkbox"/> 100/130 6. <input type="checkbox"/> Automotive							
Other Services, If Any, Prior to Departure											
Weather Information At The Accident Site											
Source Of Weather Information (Pilot/Operator, Weather Observation)			Light Condition 1. <input type="checkbox"/> Dawn 3. <input type="checkbox"/> Dusk 5. <input type="checkbox"/> Dark Night 2. <input type="checkbox"/> Daylight 4. <input type="checkbox"/> Bright Night				Visibility _____ Miles		Temp (°F)		

Weather Information At The Accident Site (cont.)					
Dew Point <div style="text-align: right;">(°F)</div>	Altimeter Setting <div style="text-align: right;">"Hg</div>	Sky/Lowest Cloud Condition <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Clear 2. <input type="checkbox"/> Scattered _____ Feet AGL 3. <input type="checkbox"/> Broken _____ Feet AGL </div> <div> 4. <input type="checkbox"/> Overcast _____ Feet AGL 5. <input type="checkbox"/> Partial Obscuration 6. <input type="checkbox"/> Obscured </div> </div>			
Wind Information 1. Direction _____ 2. Velocity _____ Kts 3. Gusts _____ Kts		Restriction To Visibility	Type Precipitation	Intensity Of Precipitation <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Light 2. <input type="checkbox"/> Moderate </div> <div> 3. <input type="checkbox"/> Heavy 4. Specify _____ </div> </div>	
Turbulence (Multiple Entry) <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Light 3. <input type="checkbox"/> Moderate 4. <input type="checkbox"/> Severe 5. <input type="checkbox"/> Extreme </div> <div> 6. <input type="checkbox"/> Clean Air 7. <input type="checkbox"/> In Clouds </div> </div>					
Damage To Aircraft And Other Property					
Degree Of Aircraft Damage <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> None 2. <input type="checkbox"/> Minor 3. <input type="checkbox"/> Substantial 4. <input type="checkbox"/> Destroyed </div> <div> Fire 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 3. <input type="checkbox"/> In-Flight 4. <input type="checkbox"/> On Ground </div> </div>					
Description Of Damage To Aircraft And Other Property					
Mechanical Malfunction Failure					
<div style="display: flex;"> <div style="flex: 1;"> 1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes </div> <div style="flex: 2;"> List The Name Of The Part, Manufacturer, Part No., Serial No. And Describe The Failure </div> </div>			<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Total Time <div style="display: flex; justify-content: space-around;"> <div> On Part _____ Hours </div> <div> At Overhaul _____ Hours </div> </div> </div> </div>		
Collision Accident					
If Collision Accident Occurred, Complete The Information For Other Aircraft					
Registration Mark	Aircraft Manufacturer	Aircraft Type/Model	Degree Of Aircraft Damage <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Destroyed 2. <input type="checkbox"/> Substantial </div> <div> 3. <input type="checkbox"/> Minor 4. <input type="checkbox"/> None </div> </div>		
Registered Aircraft Owner			Address		
Pilot Name		Address		Pilot Certificate No.	
Evacuation Of Aircraft					
Assistance Received <div style="display: flex; justify-content: space-between;"> <div> 1. <input type="checkbox"/> Outside Person (s) 2. <input type="checkbox"/> Auxiliary Lighting </div> <div> 3. <input type="checkbox"/> Slide 4. <input type="checkbox"/> Rope </div> <div> 5. <input type="checkbox"/> Ladder 6. <input type="checkbox"/> Specify _____ </div> </div>					
Method Of Exit (State Approximate Number Of Persons Using Each Of The Following) <div style="display: flex; justify-content: space-between;"> <div>1. Main Door _____</div> <div>2. Auxiliary Door _____</div> <div>3. Emergency Exit _____</div> </div>					
Recommendation (How Could This Accident Have Been Prevented)					
Operator/Owner Safety Recommendation (Optional Entry)					

Additional Flight Crew Members			
For Each Additional Flight Crew Member, Exclusive Of Cabin Attendants Complete The Following Information			
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident
Name	FAA Certificate No.	Address	Title
Certificate(s) 1. <input type="checkbox"/> Student 3. <input type="checkbox"/> Commercial 5. <input type="checkbox"/> Flight Instructor 7. <input type="checkbox"/> Foreign 2. <input type="checkbox"/> Private 4. <input type="checkbox"/> Airline Transport 6. <input type="checkbox"/> Flight Engineer 8. Specify _____			
Ratings/Endorsements		Total Flight Time	Flight Time This Accident

Narrative History Of Flight

Describe What Occurred In Chronological Order, The Circumstances Leading To The Accident And The Nature Of The Accident. Describe The Terrain and Include a Sketch Of Wreckage Distribution If Pertinent. Attach Extra Sheets If Needed. State Point Of Departure, Time Of Departure, Intended Destination And Services Obtained.

I Hereby Certify That The Above Information Is Complete And Accurate To The Best Of My Knowledge

Date Of This Report

Signature Of Pilot/Operator

Signature Of Person Filing Report Other Than Pilot/Operator

1. Signature

2. Type Or Print Name

3. Title

For NTSB Use Only

NTSB Accident No.

Reviewed By NTSB Office Located At

Name Of Investigator

Date Report Received

NATIONAL TRANSPORTATION SAFETY BOARD
NTSB Form 6120.1/2
PILOT/OPERATOR AIRCRAFT ACCIDENT REPORT

Forms may be obtained from the National Transportation Safety Board Field Offices and the Federal Aviation Administration. Flight Standards District Offices.

Rules pertaining to aircraft accident, accidents, overdue aircraft, and safety investigation are contained in Part 830 of the National Transportation Safety Board's Regulations, 49CFR. These rules state the authority of the Board's Regulations, 49CFR. These rules state the authority of the Board, define accidents, injuries, and other terms, and provide procedures for initial and immediate notification by aircraft pilots/operations.

A. APPLICABILITY

The pilot/operator of an aircraft shall file a report with the Field Office of the National Transportation Safety Board nearest the accident or incident. The report shall be filed within ten (10) days after an accident for which notification is required by Section 830.5 or when after seven (7) days an overdue aircraft is still missing.

The Pilot/Operator Aircraft Accident Report Form is used in determining the facts, conditions, and circumstances for aircraft accident prevention activities and for statistical purposes. It is necessary that ALL questions be answered completely and accurately to serve the above purposes.

B. DEFINITIONS

1. "Aircraft Accident" means an occurrence with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight until such time as all such persons have disembarked, and in which any person suffers death, or serious

injury as a result of being in or upon the aircraft or by direct contact with the aircraft or anything attached thereto, or in which the aircraft receives substantial damage.

2. "Substantial Damage" means damage or structural failure which adversely affects the structural strength, performance or flight characteristics of the aircraft, and which would normally require major repair or replacement of the affected component. NOTE: Engine failure (damage limited to an engine), bent fairing or cowling, dented skin, small punctured holes in the skin or fabric, ground damage to rotor or propeller blades, damage to landing gear, wheels, tires, flaps, engine accessories, brakes, or wing tips are not considered "substantial damage" for purposes of this report.

3. "Demolished" includes destruction by fire

4. "Operator" means any person who causes or authorizes the operation of an aircraft, such as the owner, lessee, or bailee of an aircraft.

5. "Fatal Injury" means any injury which results in death within thirty (30) days of the accident.

6. "Serious Injury" means any injury which (1) requires hospitalization for more than 48 hours, commencing within 7 days from the date the injury was received; (2) results in a fracture of any bone (except simple fracture of finger, toes, or nose); (3) involves lacerations which cause severe hemorrhages, nerve, muscle, or tendon damage; (4) involves injury to any internal organ; or (5) involves second- or third-degree burns, or any burns affecting more than 5 percent of the body surface.

INSTRUCTIONS TO PILOTS/OPERATORS FOR COMPLETING THIS FORM

It is necessary that ALL questions on this report be answered completely and accurately.

Item 1. Location: Use the name of the nearest community that has a Post Office in the state where the accident occurred. *Date & Time:* Indicate if daylight saving or standard time.

Elevation: Provide elevation of the accident site.

Airport Identification: Provide 3 or 4 character identifier. *Runway:*

Direction—heading being used; Surface—composition, i.e., concrete asphalt, grass, etc.; Condition—wet, slick, soft, etc.

Phase of Operation: During what Phase of Operation did the accident occur. Note: If the accident occurred inflight, state the altitude of the occurrence.

Item 2. Aircraft Data: Make and Model—enter as shown on aircraft registration certificate; Engine—enter make and model as shown on engine nameplate.

Certificated Max Gross Weight—Indicate the certificated max gross weight for the aircraft involved in the occurrence.

Type of Fire Extinguishing system— Include hand type extinguishers, if fire was involved, and extinguisher was used.

Item 3. Purpose of Flight and Type of Operation: More than one selection may be made to indicate the type of operation that was being conducted at the time of the occurrence.

Item 4. Pilot Information — Pilot-in-Command (PIC) Includes solo flight time. Instructor—indicate all dual flight instructor given.

Item 5. Second Pilot Information—Indicate the capacity in which the second pilot was acting at the time of the accident.

Item 6. Self-Explanatory.

Item 7. Self-Explanatory.

Item 8. Weather Information at the Accident Site. Indicate the weather conditions at the accident site at the time of occurrence.

Sky/Lowest Cloud Condition: If cloud condition was scattered, broken or overcast, include height of clouds above ground level.

Restriction to Visibility: Haze, dust, smoke, fog, etc.

Type Precipitation: Rain, snow, hail, etc.

Item 9. Collision Accident. This includes collision with parked aircraft. *Item 10-14.* Are self-explanatory.

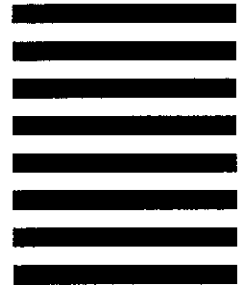
Item 15. Additional Flight Crew Members. This page should be completed if there are more than two required flight crew members on the aircraft. This also includes a check airman performing official duties. For aircraft requiring two flight crew members or less, and there were not other required flight crew members involved, separate this page.



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